Community Health Workers – Factors Influencing Tracing Efforts

NDOH/PEPFAR Best Practices Meeting: HIV Patient Linkage and Return Back to Care

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On this journey considering the "horizon of possibilities" of CHWs' work as it relates to linkage and tracing

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Take-away Messages & Recommendations

Our evidence suggests

- Tracing teams are not disaggregating/ prioritising by age, sex or other predictors of LTFU or failure to link
- There was little focus on linkage – tracing rather prioritises lists created from TIER (early-, late-missed and defaulters)
- CHW tracing efforts remain poorly documented with some findings communicated verbally
- Tracing is a substantial effort with low success rate

Recommendations

- Digitising or formalising tracing process from a M&E perspective
- Linking patients to CHWs at first interaction
- Provider must emphasise and check contact information is up to date
- Recognition of CHWs, integration of stakeholders and community sensitisation

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Background

What: Community Health Worker Landscape

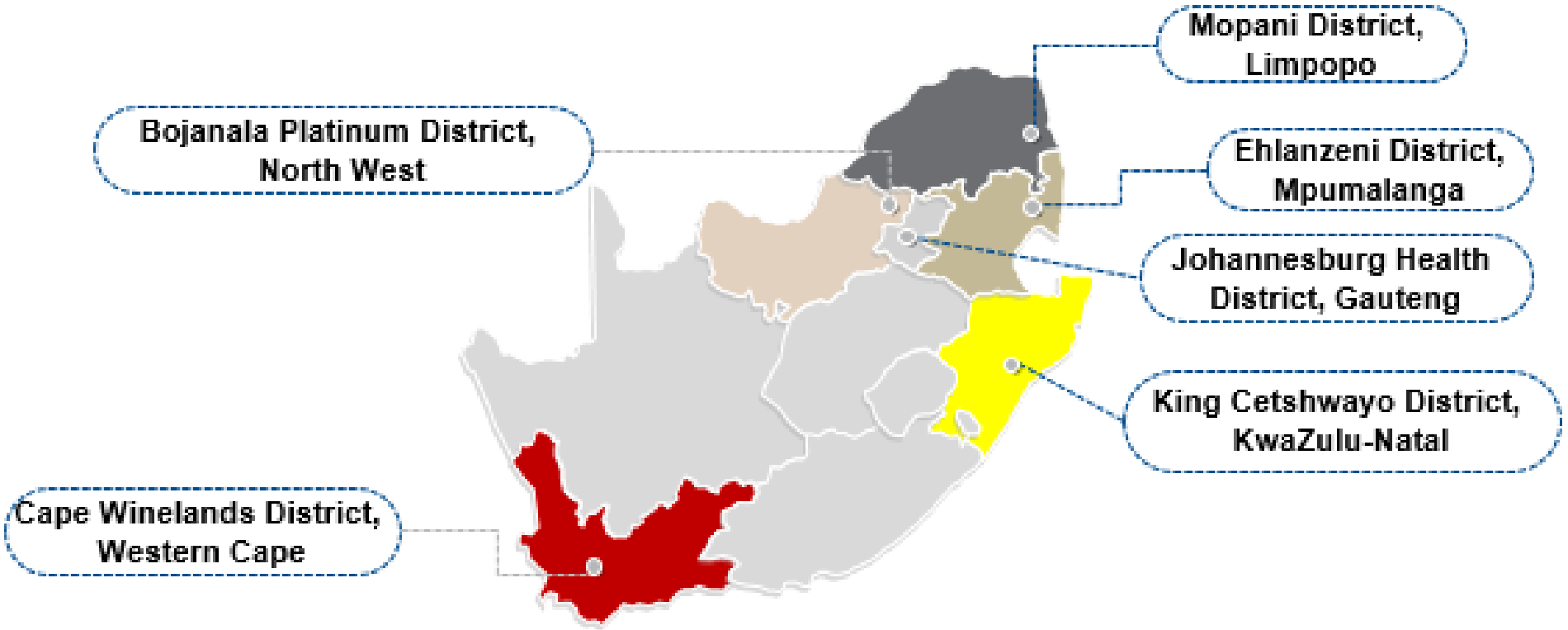
Where: 6 Provinces, 6 Districts, 16+ facilities (non-NHI districts)

When: Data collected from March-December 2018

Why: Replicate 2015 Rapid Appraisal of NHI District WBOTs in non-NHI district, understand the different models of implementation and defaulter tracing

How: Interviews, informal observation and FGDs.

National Context



Methods

The purpose of this research is to map and describe different models of CHW implementation in South Africa

Using a mix of qualitative methods to realise the following objectives:

1. To document various models of community health worker implementation across selected South African provinces and districts.

2. To determine barriers and facilitators to CHW programme implementation from the perspective of national, provincial and district DOH, CHWs and WBOTs.

3. Generate recommendations for policy-makers and healthcare workers around successful implementation of CHW programmes.

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Some CHW resources

OTL supplies

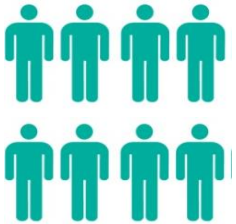
We spoke to

Level	Informal and Expert consultation	Total Formal Interviews*	Total Interactions
National	5	4	9
Gauteng	0	2	2
Johannesburg Health District	1	10	11
Kwa-Zulu Natal	0	2	2
King Cetshwayo District	0	8	8
Limpopo	0	3	3
Mopani District	0	8	8
Mpumalanga	0	3	3
Ehlanzeni District	0	7	7
North West	1	2	3
Bojanala Platinum District	0	11	11
Western Cape	1	2	3
Cape Winelands District	3	8	11
Total	**11**	**70**	**81**

We spoke to

Element	Value	
Number of FGDs	9 (2 in GP, 2 in KZN, 1 in LP, 1 in MP, 2 in NW and 1 in WC)	
Median Age	43.0 years (24-60)	
First Language	Afrikaans 6% English 1% Sepedi 7% SiSwati 7% Sotho 3%	Tsonga 10% Tswana 25% Venda 2% Xhosa 8% Zulu 31%
Literacy	All literate in English	
From the community	All from the community Median years in community 25.0 years (3-57)	

From 19 facilities



100 respondents

53.0% completed matric

5% **95%**

Key Results

- A common story:
  - Half of patients can't be reached by phone
  - Less than half of those can be found by CHWs
  - Maybe a third come back
  - As low as tracing 2 people per week
- Why?
  - Wrong addresses, wrong phone numbers
  - Often CHWs get the same patients on their list and are tracing less than 10 patients per week

Key Results

- We also assessed, qualitatively
  - Coverage of
    - Across the district(s)
    - each team within their ward(s)
  - Recommendations to improve their tracing/referral processes
  - Hours and Household Visits per day

District	Hours	HH Visits per day
Gauteng: City of Johannesburg	6 hours 8h00-14h00	2-3 per CHW - always pairs Some in groups of 4
KwaZulu-Nata: King Cetshwayo	8h00-16h00 Do NOT have to report to the clinic everyday - must 1 per week	Per contract: 4 per day in Urban area 3 per day in a rural area Usually not in pairs
Limpopo: Mopani	7h00-16h00	Up to 10 HH per day
Mpumalanga: Ehlanzeni	8h00-12h00 - per contract	at least 4 Follow-ups, non-vulnerable 2-5 per day. Go in teams if they are safety concerns
North West: Bojanala	8 hours 8h00-16h00 Some work 7 days per week	~3-5 visits per day
Western Cape: Cape Winelands	4.5 hours from 7h30	+/- 4-6 households, depending on the size, the crèches in the area and the Alternative distribution site that needs to be facilitated

Points for Discussion

Technology	Digitising or formalising tracing process from a M&E perspective
	Standard register – and documentation in clinical folder and TIER
	Pigeon boxes
Standardise procedures	Linking patients to CHWs at first interaction before there is a need for linkage/tracing
Empowerment and Communication	Recognition of CHWs, integration of stakeholders and community sensitisation
	Provider must emphasise and check that patients' contact information is up to date

Can we “tech” ourselves out of this challenge?

(networked patient tracking or mobile apps)

Or master a paper-based

solution?

Thank you! Any questions?

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We would like to acknowledge:

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- And our research team - Daniel Letswalo, Sharon Kgowedi, Nkosi Ngcobo, Lezanie Coetzee, Sithabile Mngadi, Constance Mongwenyana, Denise Evans and Sophie Pascoe

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